

RECEIVED OCT 2 8 2016 S.D. SEC. OF STATE

committee, or political party. A violation of this	contributions from a person, organization, political s section is a Class 1 misdemeanor (SDCL 12-27-18.1).
Organizations must complete the following	owing sections that apply (SDCL 12-27-19)
File this statement with the No on LM committee.	Ballot Question Colste
	TLDEES ASSOCIATION OF THE STOWN EMPIRE STATE good standing with another jurisdiction. Proceed to Section 2.
SECTION 2	орин 180-жылын 20-жылын 1800-жыл 190 жылын 180 жыл Э
Full name of organization:	
State or country under whose law the organization is inco	proprieted or organized:
Complete address (address, city, state, zip) of organizatio	
SECTION 3 - required if you did not fill out	Sections 1 and 2.
Full name of organization:	
Complete address (address, city, state, zip) of organizatio	m's principal office:
Name of person authorizing the contribution:	
Complete address (address, city, state, zip) of person aut	horizing the contribution:
You must provide the names and street addresses of any oname and street address of the person authorizing the con	owners, directors, or officers of the organization including the stribution.
Name of Organization's Owners, Directors or Officers	Complete Address (address, city, state, zip)
	1

SECTION 4 -	(SDCL	12-27-19	)
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Before contributing more than ten thousand dollars in the aggregate to a ballot question committee pursuant to § 12-27-18, an organization shall provide to the ballot question committee a sworn written statement below made by the president and treasurer of the organization declaring and affirming, under the penalty of perjury, the following:

- (1) The name and street address of every person who owns ten percent or more of the organization, has provided ten percent or more of the organization's gross receipts, including capital contributions, in the current or preceding year, or has provided ten percent or more of the funds being contributed to the ballot question committee; and
- (2) That no part of the contribution was raised or collected by the organization for the purpose of influencing the ballot question.

Name of Shareholder or Member	Complete Address (address, city, state, zip)
- · · · · · · · · · · · · · · · · · · ·	address (address, city, state, zip)
1222	
7207704	
** This statement required only 6	

\*\* This statement required only for those organizations that are required to fill out section 4. \*\*

I hereby declare and affirm under penalty of perjury that the name and address of every person who owns ten percent or more of the organization, has provided ten percent or more of the organization's gross receipts, including capital contributions, in the current or preceding year, or has provided ten percent or more of the funds being contributed to the ballot question committee is included above and that no part of the contribution was raised or collected by the organization for the purpose of influencing the ballot questions.

		1	
Date:	President Signature: (required)		
•	Bracero: (roduneu)		
Date:	Treasurer Signature: (required)		



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- (2) That no part of the contribution was raised or collected by the organization for the purpose of influencing the ballot question.

Name of Shareholder or Member	Complete Address (address, city, state, zip)
	(attai only triy, state, Ap)
ALC PER A	

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Date:	President Signature: (required)
Date:	Treasurer Signature: (required)



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☐ Check here if your organization is filed as a domestic or foreign entity in good standing with the South Dakota  Secretary of State. Name of Organization ☐ Check here if your organization is filed as an entity in good standing with another jurisdiction. Proceed to Section 2.  ☐ Check here if the previous statements do not apply and proceed to Section 3.		
SECTION 2  Full name of organization: Wheeler Manufacturing Company, Incorporated  State or country under whose law the organization is incorporated or organized: South Dakota  Complete address (address, city, state, zip) of organization's principal office:  167 Main Ave, Lemmon, 5D, 57638		
SECTION 3 - required if you did not fill out Sections 1 and 2.  Full name of organization:  Complete address (address, city, state, zip) of organization's principal office:		
Name of person authorizing the contribution:  Complete address (address, city, state, zip) of person authorizing the contribution:  You must provide the names and street addresses of any owners, directors, or officers of the organization including the		
name and street address of the person authorizing the con Name of Organization's Owners, Directors or Officers	Complete Address (address, city, state, zip)  210 8th Street west, Lemmon, 5D, 57638	
President - Bradford Wheeler Uice President - Rob Wheeler	205 8th Avenue West, Lemmon, 50,57838 510 4th Avenue, West, Lemmon, 50,57638	
Treasurer - Jason Rambo Seasota (V - Lya IseV Wheeler	504 Jade Coust, Lemmon, 50 57638	

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Name of Shareholder or Member	Complete Address (address, city, state, zip)
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Date:	President Signature: (required)
Date:	Treasurer Signature: (required)



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Organizations must complete the follo	owing sections that apply (SDCL 12-27-19).
File this statement with the No on 23	Ballot Question
committee.	
<b>SECTION 1</b> - choose one of the following	
Check here if your organization is filed as a domestic of Secretary of State. Name of Organization  South Dal	or foreign entity in good standing with the South Dakota kota Hotel & Lodging Association
	good standing with another jurisdiction. Proceed to Section 2.
☐ Check here if the previous statements do not apply and	
SECTION 2	Ladaina Association
Full name of organization: South Dakota Hotel &	
State or country under whose law the organization is inco	orporated or organized: South Dakota
Complete address (address, city, state, zip) of organizatio	n's principal office: PO Box 602, Pierre, SD 57501
SECTION 3 - required if you did not fill out	Sections 1 and 2.
SECTION 3 - required if you did not fill out Full name of organization:	Sections 1 and 2.
Full name of organization:  Complete address (address, city, state, zip) of organizatio	n's principal office:
Full name of organization:  Complete address (address, city, state, zip) of organizatio  Name of person authorizing the contribution:	n's principal office:
Full name of organization:  Complete address (address, city, state, zip) of organizatio  Name of person authorizing the contribution:  Complete address (address, city, state, zip) of person aut	horizing the contribution:
Full name of organization:  Complete address (address, city, state, zip) of organizatio  Name of person authorizing the contribution:  Complete address (address, city, state, zip) of person aut	horizing the contribution:  owners, directors, or officers of the organization including the
Full name of organization:  Complete address (address, city, state, zip) of organizatio  Name of person authorizing the contribution:  Complete address (address, city, state, zip) of person aut  You must provide the names and street addresses of any organization.	horizing the contribution:  owners, directors, or officers of the organization including the
Full name of organization:  Complete address (address, city, state, zip) of organization  Name of person authorizing the contribution:  Complete address (address, city, state, zip) of person aut  You must provide the names and street addresses of any on ame and street address of the person authorizing the contribution.	horizing the contribution:  owners, directors, or officers of the organization including the attribution.
Full name of organization:  Complete address (address, city, state, zip) of organization  Name of person authorizing the contribution:  Complete address (address, city, state, zip) of person aut  You must provide the names and street addresses of any on ame and street address of the person authorizing the contribution.	horizing the contribution:  owners, directors, or officers of the organization including the attribution.
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Name of Shareholder or Member	Complete Address (address, city, state, zip)

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Date:	President Signature: (required)
Date:	Treasurer Signature: (required)

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Name of Shareholder or Member	Complete Address (address, city, state, zip)

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Date:	President Signature: (required)
Date:	Treasurer Signature: (required)



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Name of Shareholder or Member	Complete Address (address, city, state, zip)

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Date:	President Signature: (required)
Date:	Treasurer Signature: (required)



_ ,	owing sections that apply (SDCL 12-27-19).	
File this statement with the $NO$ committee.	m 23 Ballot Question	
SECTION 1 - choose one of the following		
Check here if your organization is filed as a domestic	or foreign entity in good standing with the South Dakota	
Secretary of State. Name of Organization Falco	n Plastras Inc.	
$\square$ Check here if your organization is filed as an entity in	good standing with another jurisdiction. Proceed to Section 2.	
☐ Check here if the previous statements do not apply and	proceed to <u>Section 3</u> .	
SECTION 2		
Full name of organization: Falcon Plast:		
State or country under whose law the organization is inco	rporated or organized: South Dakota	
Complete address (address, city, state, zip) of organization's principal office: 1313 Western Av. P.O.Box 788 Brookings, SD 57006		
SECTION 3 - required if you did not fill out	Sections 1 and 2.	
SECTION 3 required if you did not fill out Full name of organization:	Sections 1 and 2.	
	·	
Full name of organization:	n's principal office:	
Full name of organization:  Complete address (address, city, state, zip) of organization	n's principal office:	
Full name of organization:  Complete address (address, city, state, zip) of organization  Name of person authorizing the contribution:  Complete address (address, city, state, zip) of person aut	horizing the contribution:  owners, directors, or officers of the organization including the	
Full name of organization:  Complete address (address, city, state, zip) of organization  Name of person authorizing the contribution:  Complete address (address, city, state, zip) of person aut  You must provide the names and street addresses of any of	horizing the contribution:  owners, directors, or officers of the organization including the	
Full name of organization:  Complete address (address, city, state, zip) of organization.  Name of person authorizing the contribution:  Complete address (address, city, state, zip) of person aut  You must provide the names and street addresses of any on the contribution and street address of the person authorizing the contribution.  Name of Organization's Owners, Directors or	horizing the contribution:  owners, directors, or officers of the organization including the tribution.	
Full name of organization:  Complete address (address, city, state, zip) of organization.  Name of person authorizing the contribution:  Complete address (address, city, state, zip) of person aut  You must provide the names and street addresses of any on the contribution and street address of the person authorizing the contribution.  Name of Organization's Owners, Directors or	horizing the contribution:  owners, directors, or officers of the organization including the tribution.	
Full name of organization:  Complete address (address, city, state, zip) of organization.  Name of person authorizing the contribution:  Complete address (address, city, state, zip) of person aut  You must provide the names and street addresses of any on the contribution and street address of the person authorizing the contribution.  Name of Organization's Owners, Directors or	horizing the contribution:  owners, directors, or officers of the organization including the tribution.	

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Name of Shareholder or Member	Complete Address (address, city, state, zip)
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Date:	President Signature: (required)
Date:	Treasurer Signature: (required)



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Organizations must complete the following sections that apply (SDCL 12-27-19).

Organizations must complete the following sections that apply (SDCL 12-21-19).	
File this statement with the	
Check here if your organization is filed as a domestic or foreign entity in good standing with the South Dakota  Secretary of State. Name of Organization  Mally Flecture — DMG-Suc  Check here if your organization is filed as an entity in good standing with another jurisdiction. Proceed to Section 2.  Check here if the previous statements do not apply and proceed to Section 3.	
SECTION 2  Full name of organization: DMG-Inc. BDBA MALLOY FLECTRIC  State or country under whose law the organization is incorporated or organized: Son Dak  Complete address (address, city, state, zip) of organization's principal office:  809 UP RUSSALL. Servey Fulls.  So Dak 57104	
SECTION 3 - required if you did not fill out Sections 1 and 2.	
Full name of organization:	
Complete address (address, city, state, zip) of organization's principal office:	
Name of person authorizing the contribution:	
Complete address (address, city, state, zip) of person authorizing the contribution:	
You must provide the names and street addresses of any owners, directors, or officers of the organization including the name and street address of the person authorizing the contribution.	

Name of Organization's Owners, Directors or Officers	Complete Address (address, city, state, zip)	
CIRIS HOUWMAN	809 W RUSSELL, SF. S.D.S	7104
GARRY TACOBSON	809 W RUSSELL, SFSDS	7104

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Name of Shareholder or Member	Complete Address (address, city, state, zip)

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Date: 10-20-16	President Signature: (required) Chan demonstration
Date: 10-21-16	Treasurer Signature: (required) Harry Jacobson



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Organizations must complete the foll	lowing sections that apply (SDCL 12-27-19).	
File this statement with the	n 23 Ballot Question	
committee.		
SECTION 1 - choose one of the following		
Check here if your organization is filed as a domestic	or foreign entity in good standing with the South Dakota	
Secretary of State. Name of Organization Schune	man Ezinpmont a	
	good standing with another jurisdiction. Proceed to Section 2.	
☐ Check here if the previous statements do not apply and		
Check here if the previous statements do not apply and	a proceed to <u>Section 3.</u>	
SECTION 2		
Full name of organization:		
State or country under whose law the organization is inco	orporated or organized:	
Complete address (address, city, state, zip) of organizatio		
SECTION 3 - required if you did not fill out	t Sections 1 and 2	
	. Decitoris I thin I.	
Full name of organization:		
Complete address (address, city, state, zip) of organization's principal office:		
Name of person authorizing the contribution:		
Complete address (address, city, state, zip) of person authorizing the contribution:		
You must provide the names and street addresses of any owners, directors, or officers of the organization including the		
name and street address of the person authorizing the contribution.		
Name of Organization's Owners, Directors or	Complete Address (address, city, state, zip)	
Officers		

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Name of Shareholder or Member	Complete Address (address, city, state, zip)
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Date:	President Signature: (required)
Date:	Treasurer Signature: (required)



Organizations must complete the foll	lowing sections that apply (SDCL 12-27-19).
File this statement with the No on 33	Ballot Question
committee.	
<b>SECTION 1</b> - choose one of the following	
Check here if your organization is filed as a domestic	or foreign entity in good standing with the South Dakota
Secretary of State. Name of Organization Associate	ed General Contractors of South Dakota Chapker
$\hfill\square$ Check here if your organization is filed as an entity in	good standing with another jurisdiction. Proceed to Section 2.
$\square$ Check here if the previous statements do not apply and	d proceed to Section 3.
SECTION 2	egines invanises vines in her rich maggines (morther) et se social primitives as times social en primitives in the contract has been as the contract of the contract has been as the contract has be
Full name of organization:	
State or country under whose law the organization is inco	orporated or organized:
Complete address (address, city, state, zip) of organization	on's principal office:
SECTION 3 - required if you did not fill out	Sections 1 and 2.
Full name of organization: Associated Geneval Co	ontactors of South Dakota Building Chapter
Complete address (address, city, state, zip) of organization 2307 W. 57th Street, Suite 101	on's principal office: Stouk Falls, SD 57108
Name of person authorizing the contribution: Bryce	e Healy
Complete address (address, city, state, zip) of person aut 2309 W. 57th Street, Suite 101, S	horizing the contribution:
You must provide the names and street addresses of any on name and street address of the person authorizing the con	owners, directors, or officers of the organization including the
Name of Organization's Owners, Directors or Officers	Complete Address (address, city, state, zip)
Brian Jans, Jans Corp-President	600 E. 5264 Stell, Sioux Falls, SD 57104
Stophen Burgess, Pean Lurtz Const V.P.	1651 Rand Read, Rapad City, SD 57702
Bob Heibult, austerfron Builders Set/Tras.	
Proc Menter Francisco Assoctor	2307 W. 574 Str., Ste 161, Sioux Falls, SD

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Name of Shareholder or Member	Camplete Address (address, city, state, zip)
Brien Jins	600 € 52,2 5F SD
Stephin Bargess	1651 Rad Rd RC SD
Bob Habilt	POBW 3239 RC Sp
Rushy Flegen	3712 S Wester ST-50
Jerry Johnson	3409 west 47 SF 50
Pan Wegner	903 Indust RC SD
Ran dy Honson	BIL Man Broky SD

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I hereby declare and affirm under penalty of perjury that the name and address of every person who owns ten percent or more of the organization, has provided ten percent or more of the organization's gross receipts, including capital contributions, in the current or preceding year, or has provided ten percent or more of the funds being contributed to the ballot question committee is included above and that no part of the contribution was raised or collected by the organization for the purpose of influencing the ballot questions.

Date: 10/24/16	President Signature: (required)	200
Date: 10-19-16	Treasurer Signature: (required)	to Al



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Organizations must complete the foll	owing sections that apply (SDCL 12-27-19).
	on 23 Ballot Question
SECTION 1 - choose one of the following	
Check here if your organization is filed as a domestic of Secretary of State. Name of Organization South Dak	ota Farm Bureau Federation
	good standing with another jurisdiction. Proceed to Section 2.
☐ Check here if the previous statements do not apply and	I proceed to Section 3.
SECTION 2	
Full name of organization: South Dakota Farm Bu	reau Federation
State or country under whose law the organization is inco	orporated or organized: South Dakota
Complete address (address, city, state, zip) of organizatio 2225 Dakota Ave S, PO Box 1426, Huron, S	
SECTION 3 - required if you did not fill out	Sections 1 and 2.
Full name of organization:	
Complete address (address, city, state, zip) of organization	on's principal office:
Name of person authorizing the contribution:	
Complete address (address, city, state, zip) of person aut	horizing the contribution:
You must provide the names and street addresses of any oname and street address of the person authorizing the con	owners, directors, or officers of the organization including the atribution.
Name of Organization's Owners, Directors or	Complete Address (address, city, state, zip)
Officers	(,,,,,,
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- (2) That no part of the contribution was raised or collected by the organization for the purpose of influencing the ballot question.

Name of Shareholder or Member	Complete Address (address, city, state, zip)

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Date:	President Signature: (required)
Date:	Treasurer Signature: (required)



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File this statement with the	on 23 Ballot Question
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Check here if your organization is filed as a domestic of Secretary of State. Name of Organization	
	good standing with another jurisdiction. Proceed to Section 2.
☐ Check here if the previous statements do not apply and	
SECTION 2  Full name of organization: Suth Da koth Granization is incompared to the organization is incompar	orporated or organized: South Dakota
Complete address (address, city, state, zip) of organization 320 East Capital Avenue, Siewe, Si	) 57501
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SECTION 3 - required if you did not fill out	
SECTION 3 - required if you did not fill out Full name of organization:	Sections 1 and 2.
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Full name of organization:	Sections I and 2.
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Name of Shareholder or Member	Complete Address (address, city, state, zip)
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Date: _		President Signature: (required)
Date: _	10/18/2016	Treasurer Signature: (required) author Laule



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Control Contro	
	owing sections that apply (SDCL 12-27-19).
File this statement with the	M 23 Ballot Question
committee.	
<b>SECTION 1</b> - choose one of the following	
☐ Check here if your organization is filed as a domestic of Secretary of State. Name of Organization ☐ South ☐ Check here if your organization is filed as an entity in	or foreign entity in good standing with the South Dakota  Dalcota Agri- Business Association  good standing with another jurisdiction. Proceed to Section 2.
$\square$ Check here if the previous statements do not apply and	d proceed to Section 3.
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Complete address (address, city, state, zip) of organization 370 East Cap to Avenue, Pierry, So	
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Full name of organization:  Complete address (address, city, state, zip) of organization	on's principal office:
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Date: 10/24/14	President Signature: (required) 1762 Dale Tale
Date: 10/19/2016	Treasurer Signature: (required) William. Caulle





committee, c. permany	
Organizations must complete the following  File this statement with the Tinit (+2)  committee.  SECTION 1 - choose one of the following	owing sections that apply (SDCL 12-27-19).  Marisure # 23 Ballot Question
E Check here if your organization is filed as a domestic of Secretary of State. Name of Organization  Check here if your organization is filed as an entity in the Check here if the previous statements do not apply and	good standing with another jurisdiction. Proceed to Section 2.
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Name of Organization's Owners, Directors or Officers	Complete Address (address, city, state, zip)

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File this statement with the	Ballot Question	
Check here if your organization is filed as a domestic or foreign entity in good standing with the South Dakota  Secretary of State. Name of Organization  Daksta Valley Business Courts  Check here if your organization is filed as an entity in good standing with another jurisdiction. Proceed to Section 2.  Check here if the previous statements do not apply and proceed to Section 3.		
SECTION 2		
Full name of organization: Dakota Unlay	Burlyss Carril	
State or country under whose low the organization is inco	proporated or overnized: So. Th. Delete-	
Complete address (address, city, state, zip) of organization's principal office:  P. D. Box 699 North Stan Gty, South Dulita 57049		
The state of the s		
<b>SECTION 3</b> - required if you did not fill out	Sections 1 and 2.	
SECTION 3 - required if you did not fill out Full name of organization:	Sections 1 and 2.	
Full name of organization:	n's principal office:	
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Date:	President Signature: (required)
Date:	Treasurer Signature: (required)



committee, or positions party. It violation by this	
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File this statement with the \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Ballot Question
committee.	1/2
SECTION 1 - choose one of the following	NO W W
D Check here if your organization is filed as a domestic or	
Secretary of State. Name of Organization R.	DIE 10 HOLESALY PLOUBING TOC
☐ Check here if your organization is filed as an entity in good standing with another jurisdiction. Proceed to Section 2.	
☐ Check here if the previous statements do not apply and p	proceed to Section 3.
SECTION 2	T -
Full name of organization:	WLESALS ( LOORINGE, 20)
State or country under whose law the organization is incorp	porated or organized:
Complete address (address, city, state, zip) of organization'	's principal office:
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Date:	Treasurer Signature: (required)

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